

# **CERTIFICATE OF AUTHORITY** (Sole Proprietor)

I, \_\_\_\_\_, as a Sole Owner of my Business, \_\_\_\_\_,

certify that I am authorized to enter into a contract with the State of New Hampshire, Department of Health and Human Services, on behalf of myself.

**IN WITNESS WHEREOF**, I have set my hand as the Sole Owner of the Business this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Sole Owner Signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, \_\_\_\_\_,

the undersigned Officer, personally appeared \_\_\_\_\_, who acknowledge

her/himself to be the Sole Owner, of \_\_\_\_\_, a Business, and that

she/he, as such Sole Owner being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the Business by her/himself as

\_\_\_\_\_.

**IN WITNESS WHEREOF** I hereunto set my hand and official seal.

\_\_\_\_\_  
(Notary Public/Justice of the Peace)

My Commission expires: